CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984

DEPARTMENT: FINANCE   PHONE: (630) 377-4456   FAX: (630) 377-4487

ADMISSION TAX COLLECTION FORM

Instruction

1. Enter the date(s) on which the event was held in Column 1.
2. Enter the various admission prices (Use Rows 1., 2., 3.) charged for each day in Column 2.
3. Enter the attendance for each admission charge for each day in Column 3.
4. Multiply Column 2 by Column 3 and enter the result in Column 4.
5. Sum the total of all days and calculate the tax due.
6. **Remit Total Tax Due To:**   **Finance Department, City of St. Charles**
   2 East Main St., St. Charles, IL 60174-1984

Column 1 **Date**	*Column 2* **Price** (Include any tax added)	*Column 3* **Attendance** (Multiply Column 2 x 3)	*Column 4* **Total**
_____	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
			Total for Day 1 _____
_____	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
			Total for Day 2 _____
_____	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
			Total for Day 3 _____
_____	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
			Total for Day 4 _____

PLEASE PRINT OR TYPE	**TOTAL ALL DAYS** _____
Business Name: _____	DIVIDE BY 1.10
IBT Number: _____	**TOTAL BASIS FOR TAX** _____
Contact Name: _____	MULTIPLY BY REQUIRED TAX 0.10
Address: _____	
_____	**TOTAL TAX DUE** _____
Phone: _____	

Signed _____   **Date** _____